



## Inclusion Questionnaire

This form is intended to assist in identifying reasonable accommodations which may be beneficial for successful participation. To assist us in meeting your needs, we require that registration for each program and reasonable accommodation requests be made at least two weeks prior to the program registration deadline. In some cases reasonable accommodations may take longer.

Please complete as thoroughly as possible. *Thank-you!*

### PARTICIPANT INFORMATION (to be completed by parent/guardian if participant is under 18)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### Recreation Interests

Please identify any interests the participant has:

Community Examples: traveling	Outdoors hiking, fishing	Physical ice skating, golf, tennis	Wellness tai chi, yoga, relaxation	Educational language, outdoors, financial	Hobbies cooking, music, dance, reading	Creative sewing, painting, stained glass

Are there any recreation activities the participant is interested in learning? \_\_\_\_\_

Which Bloomington Parks Recreation activities has the participant registered for in the past? \_\_\_\_\_

### Social (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Shows interest in others  | <input type="checkbox"/> Will sit quietly to watch a program, movie, etc |
| <input type="checkbox"/> Will play/interact cooperatively with others  | <input type="checkbox"/> Can identify and take responsibility for        |
| <input type="checkbox"/> Is tolerant of others, not easily agitated or annoyed   | personal belongings  |
| <input type="checkbox"/> Can listen and follow direction   |  |
| <input type="checkbox"/> Is aware of safety concerns (traffic, staying with group, using sharp objects, hot stoves, etc) |  |

Comments/Areas of difficulty: \_\_\_\_\_

## Other Information

Circle each diagnosis that applies to the participant and/or identify any condition not listed.

Amputation  
Arthritis  
Attention Deficit Disorder  
Autism Spectrum Disorder  
\_\_\_\_\_

Behavioral Disorder  
Cerebral Palsy  
Deaf

Down Syndrome  
Epilepsy  
Hard of Hearing  
Learning Disability:  
\_\_\_\_\_

Mental Retardation, mild, moderate, severe  
Multiple Sclerosis

Muscular Dystrophy  
Psychiatric Disability  
Spina Bifida  
Spinal Cord Injury Level:  
\_\_\_\_\_

Traumatic Brain Injury  
Vision Impairment  
Other \_\_\_\_\_

Does participant have seizures? YES NO If yes, please indicate type and describe: \_\_\_\_\_

Date of most recent seizure \_\_\_\_\_

Does anything trigger the seizures? \_\_\_\_\_

### Medications

Medication	Time	Dosage	Purpose	Side Effects/Contraindications

Allergies (include food/medication/other) activity restrictions, special diets or other medical concerns: \_\_\_\_\_

### Communication Skills

How does the participant communicate? (Circle the ones that apply)

Speech      Read Lips      Communication Board      Sign Language      Computerized Device

*Any communication devices that are used at home or work are also needed in recreation settings, please provide any resources available, including, but not limited to communication board/books, computer devices etc..*

How can staff assist the participant in communicating needs? \_\_\_\_\_

### Feeding Skills

Does the participant eat and drink independently? YES NO If no, what type of assistance or adaptive equipment is needed? \_\_\_\_\_

**Mobility Skills**

Does participant walk independently? YES NO If no, please identify any mobility devices used or assistance needed: \_\_\_\_\_

Describe transfer techniques used: \_\_\_\_\_

If the participant uses a wheelchair, is a wheelchair lift required? YES NO Explain: \_\_\_\_\_

**Transportation Skills**

Does participant drive or use public transportation independently YES NO

If no, how will participant get to and from the programs? \_\_\_\_\_

**Restroom Skills**

\_\_\_\_ Wears Attends/Depend

\_\_\_\_ Uses toilet independently

\_\_\_\_ Indicates need to use toilet

\_\_\_\_ Washes hands independently

\_\_\_\_ Uses toilet with physical assistance

**Concerns/Restrictions**

Activity concerns or restrictions related to health/social issues: \_\_\_\_\_

Do you feel the participant requires one to one supervision?

YES

NO

*(Level of supervision will ultimately be determined by the Inclusive Recreation Coordinator.)*

Additional Comments: (Please attach additional pages if needed)

This assessment expires one year from date of the assessment or in the event of significant change.

Termination of inclusive recreation services must be completed through the Inclusive Recreation Coordinator. At no time may a participant or parent/guardian terminate inclusive recreation services without consulting the Inclusive Recreation Coordinator.

\_\_\_\_\_  
Signature (parent/guardian if participant is under 18 or under legal guardianship)

\_\_\_\_\_  
Date

Please return to Bloomington Parks and Recreation:

401 N. Morton, Ste 250

P.O. Box 848

Bloomington, IN 47402

Phone: 812-349-3700 Fax: 812-349-3705